2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES State of Nevada

EL201.doc

PAGE___1___OF__3_

Name (p	,	District (if applicable)
	C Street, NE Washington, DC 20002 Address (include city and zip code)	(202) 546-0381 Telephone No.
		таврионе по.
E-Mail A	ddress	2 PAC 495
Select A	ppropriate Box(es) ☐ CANDIDATE X PAC ☐ BAG ☐	POLPRTY IND EXP AMENDED
	Poport #1 Due August 27, 2002	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
لـــا	Report #1 — Due August 27, 2002 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002	
	Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002	
	Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002 BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002	FILED
	•	•
X	Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002	OCT 2 9 2002
	1 enou. Aug. 23, 2002 — Oct. 24, 2002	Secretary of State
	Report #3 Due — January 15, 2003	
	Period: Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002	FOR OFFICE USE ONLY
	BALANCE	
	This figure should reflect the balance shown on your last Disposition	
ļ	Unspent Contributions Report, or last Contributions & Expenses Rep	ort, if any \$ 0.00
	CONTRIBUTIONS SUMMA	1RY
	"Contribution" means a gift, loan, conveyance, deposit, paym	nent, transfer or distribution
,	of money or anything of value other than the services of a volunt 1. Total amount of monetary contributions in excess of \$100	,
	2. Total amount of monetary contributions of \$100 or less	\$5,000.00 0.00
4	Actual number of monetary contributions of \$100 or less 0	0.00
,	3. Interest and income earned on contributions, if any	
	•	0.00
	4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 5. Total amount of In Kind Contributions	
		\$ 0.00
	EXPENSES SUMMARY	•
6	6. Total amount of monetary expenses in excess of \$100	\$5,000.00
7	7. Total amount of monetary expenses of \$100 or less	\$ 0.00
3	B. Expense for filing fee	\$ 0.00
Ş	9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 th	rough 8) \$5,000.00
Remaining Balance (Subtract line 9 from 4)		9 from 4) \$ 0.00
10. Total amount of In Kind Expenses		\$ 0.00
l dadları	AFFIRMATION	
uccialt	e under penalty of perjury that the foregoing is true and correct.	مراء داء ۽
		1/) [0 M LNC)

Revised: MAR-02